

Referrals
6/11/19

**NEIGHBORHOOD
AND COMMUNITY
SERVICES STANDING
COMMITTEE**

MAYOR'S OFFICE COORDINATORS REPORT

15

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 650 Event Name: Arab & Chaldean Festival

Event Date : July 27 - 28, 2019

Street Closure: None

Organization Name: Arab & Chaldean Festival

Street Address: 7234 Oakwood Drive West Bloomfield, MI 48322

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input checked="" type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
- ☒ **24-Hour Liquor License**

Petition Communications (include date/time)

Festival celebrating Arab & Chaldean culture at Hart Plaza from 12:00pm - 12:00am.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Camouflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fencing Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Ausher

Date: May 29, 2019

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, January 16, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
RECREATION DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING

650 *Arab and Chaldean Festival, request to hold the "Arab and Chaldean Festival" at Hart Plaza on July 27-28, 2019, Set-up on July 26, 2019 at 12 pm - 10 pm and Complete tear down July 29, 2019 by 3 am.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Arab and Chaldean Festival

Event Location: Hart Plaza - Detroit, MI

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Arab and Chaldean Festival

Organization Mailing Address: 7234 Oakwood Dr West Bloomfield, MI. 48322

Business Phone: 248-960-9956

Business Website: arabandchaldeanfestival.com

Applicant Name: Dr. Jacoub Mansour

Business Phone: 248-960-9956

Cell Phone: 248-840-8197

Email: aacfestival@yahoo.com

Event On-Site Contact Person:

Name: Dr. Jacoub Mansour

Business Phone: 248-960-9956

Cell Phone: 248-840-8197

Email: aacfestival@yahoo.com

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☒ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: _____

Projected Number of Attendees: 3000-4000 people

Please provide a brief description of your event:

To promote our cultural contributions, cuisine and entertainment to all those attending the event.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 07/26/19 Time: 12:00PM Complete Set-up Date: 07/26/19 Time: 10:00PM

Event Start Date: 07/27/19 Time: 12:00PM Event End Date: 07/28/19 Time: 12:00AM

Begin Tearing Down Date: 07/29/19 Complete Tear Down Date: 07/29/19 (complete by 3AM)

Event Times (If more than one day, give times for each day):

Saturday 07/27/19 - 12:00PM to 12:00AM

Sunday 07/28/19 - 12:00PM to 12:00AM

Section 3- LOCATION/SITE INFORMATION

Location of Event: Hart Plaza Detroit MI

Facilities to be used (Check) ☒ Street ☐ Sidewalk ☐ Park ☒ City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Middle Eastern dancing troupes, singers, belly dancer troupes, and instrumental performance

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Amplified - augmented, sound increased to the broader

Describe specific power needs for entertainment and/or music:

Tie/ in - City of Detroit

How many generators will be used? None

How will the generators be fueled?

NA

Name of vendor providing generators:

Contact Person: NA

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food ☒ Merchandise ☒ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

Middle eastern food, event merchandise, flyers, and non alcoholic beverages.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Camouflage Security and Investigation LLC

Contact Person: Khoury Johnson

Address: 615 Griswold Suite 925

Phone: 313-338-8005 / 313-721-5389

City/State/Zip:

Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift:

8 to 11

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☒ Bonded

How will you advise attendees of parking options?

Will provide parking options by radio, television and flyers distributed to organizations, restaurants throughout Metro Detroit areas.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Festival is not in a neighborhood area

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:
NA

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	Provided by Vendors	10X10
Tents (enclosed on 3 sides)	0	0
Canopy (open on all sides)	0	Monitor stage 36' high
Staging/Scaffolding	provided by Whaler	staging 16X24 at 30' high
Bleachers	0	Sound wing 8X4

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: NA

Address:

City/State/Zip:

Name of company providing port-a-johns. NA

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? Ishtar Restaurant

Contact Person: Ali Al-Baghdady

Address: 3625 15 Mile RD

Phone: 586-698-2585

City/State/Zip: Sterling Heights MI 48310

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: NA

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

1) Not ready yet

2-5 NA

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

eSigned via SeamlessDoc.com
Dr. Jacoub Mansour
Key: 439ue18002RnR014ee7e847330785

01/10/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Arab and Chaldean Festival Event
Date: 07/27-28/19

Event Organizer:
Dr. Jacoub Mansour

Applicant Signature:

eSigned via SeamlessDoc.com
Dr. Jacoub Mansour
Key: 439ue18002RnR014ee7e847330785

Date: 01/10/2019

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MAYOR'S OFFICE COORDINATORS REPORT

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OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 808 Event Name: UniverSoul Circus

Event Date: September 5 - 29, 2019

Street Closure: None

Organization Name: Soul Circus, Inc.

Street Address: 230 Peachtree Street Atlanta, GA 30303

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Walkathon | <input checked="" type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

26th Annual UniverSoul Circus located at Chene Park - 2600 East Atwater with various times each day.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with DPD Secondary Employment to Provide Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License & Animal Licenses Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fencing Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Big Top Tent, Generators, Stage, Bleachers & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Luchie

Date: May 29, 2019

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, April 09, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION MAYOR'S OFFICE
FIRE DEPARTMENT POLICE DEPARTMENT
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER

808

*Soul Circus Inc, request to hold "UniverSoul Circus" at Chene Park on
September 5-29, 2019 with various times daily.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office. There is a 90 day review process. At the end of the 90 days, the petition could either be approved or denied by departments. Please take into consideration the amount of time it will take to plan the event when submitting the application. If submitted later than 90 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: UniverSoul Circus

Event Location: Chene Park - 2600 East Atwater Detroit, MI 48207

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Soul Circus Inc.

Organization Mailing Address: 230 Peachtree Street, Suite 2000, Atlanta, GA 30303

Business Phone: 404-588-1235

Business Fax: 404-880-0399

Federal Tax ID # 36-4133406

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: UniverSoul Circus c/o Kemberly Seward

Title/Role: Permitting Consultant

Email Address: ops2@usoul.com

Mailing Address: 230 Peachtree Street, Suite 2000, Atlanta, GA 30303

Business Phone: 404-588-1235/ 404-277-2275-cell

Business Fax: 404-880-0399

Event On-Site Contact Person:

Mailing Address: Danny Rodriguez

Business Phone: 404-787-4701

Business Fax: 404-880-0399

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors: Paula Murphy(EVP) 404-588-1235 or Ben Johnson (Director of Operations) 404-787-4701

Event Elements (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Walkathon | <input checked="" type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 09.02.19 Complete Set-up Date & Time: 09.04.19

Event Start Date & Time: 09.05.19 Event End Date & Time: 09.29.19

Begin Tearing Down Date: 09.30.19 Complete Tear Down Date: 10.02.19

Event Times (If more than one day, give times for each day): see attached show schedule times subject to change

Is this the first time you have held this event in the City of Detroit? ☐ Yes ☒ No

If no, what years has the event been held in Detroit? 1998-2018

When was the event last held in Detroit? Sept. 6, 2018- Sept.30, 2018

Where was the event last held in Detroit? Chene Park

What were the hours last year? Showtimes are approx. 2.5hr varying 10:30am, noon, 3:30pm, 4pm, 6:30pm, 7pm, or 7:30pm show times.

Project Attendance This Year (Minimum – Maximum)? 95,000 max

What is the basis for your projected attendance? Amount of Seats Available and number of shows (approx. 2,000 per show x 35 shows)

Please describe your anticipated/ target audience:

Is this going to be an annual event? ☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year? Est September 2020

If a parade is planned. Indicate elements (check all that apply):

☐ People ☐ Balloons

☐ Floats ☐ Animals

☐ Vehicles ☐ Other: _____

☐ Bands

If animals included, specify type, number and how used. See attached of Animals and Contact information

Name of business supplying animal(s): _____

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____



SOUL CIRCUS Inc.- Performance Animals lists.

Dogs:

Quantity: 16 small dogs(Poodle, Mix, Yorkie)

Contact Person: Jorge Nino or Natalya Pompeyo

Phone Number: 972-567-7964 or **E-Mail:** natalyademina@aol.com

Address: 138 Maple Street, Paterson< NJ 07504

Zebras

Quantity: 5

Contact Person: Cindy Migley

Phone Number: 941-320-1534

Address: 4411 Bee Ridge Rd, Sarasota, FL 34233

Camels

Quantity: 4

Contact Person: Cindy Migley

Phone Number: 941-320-1534

Address: 4411 Bee Ridge Rd, Sarasota, FL 34233

Miniature Horse

Quantity: 1

Contact Person: Cindy Migley

Phone Number: 941-320-1534

Address: 4411 Bee Ridge Rd, Sarasota, FL 34233

Horses:

Quantity: 10

Contact Person: Kanat Tchalabaev or Mirlan Kubanychbekov

Phone Number: 352-461-6353 or 407-750-0519

Address: 3901 W, State Hwy O Springfield, MO 65803

Section 3- LOCATION/SITE INFORMATION

Location of Event: **Chene Park 2600 East Atwater, Detroit, MI 48207**

Facilities to be used (circle): Street Sidewalk Park City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Singers | <input type="checkbox"/> Magician |
| <input type="checkbox"/> Musicians | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Comedians | <input checked="" type="checkbox"/> Other: <u>Acrobats, Performers, Animals</u> |

Describe the entertainment for this year's event: Family friendly Circus with International Talent and Exotic Animals.

List proposed entertainers and/or bands performing at the event:

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? _____

☐ Acoustic-audible, sound heard within natural range

☒ Amplified-augmented, sound increased to broaden range

The amplified sound will be used: _____

Will the event consist of a musical concert? ☐ Yes ☒ No

If yes, what type of music? (check all that apply)

☐ Live ☐ Recorded ☐ Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: _____

How many generators will be used? 2- 400KW generators. 1-30KW back-up

How will the generators be fueled? Red Dye #2 - Local Vendor

Name of vendor providing generators: Soul Circus Inc. owns their own generators.

Contact Person: Carlos Salmeron- 678-751-8457 or Danny Rodriguez 404-787-4701 (both On-site Contacts)

Address: 230 Peachtree Street, Suite 2000 Atlanta, GA 30303

Phone: 404-588-1235-Corp. Office

City/State/Zip: _____

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

☒ Radio (Specify stations): TBD

☒ Television (Specific stations): TBD

☒ Newspapers (specify papers): TBD

☒ Web site (identify web address): www.universoulcircus.com, www.ticketmaster.com, twitter, facebook and related social media outlets

☒ Public Relations or Marketing Firm (Specify): Soul Circus, Inc.

Contact Info: Soul Circus Inc. -Ben Johnson

☐ Raffle (List Item(s)):

☐ Billboards

☒ Flyers

☐ Street Banners

☐ Other (specify): _____

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No Either Box Office- Chene Park and/or Media Promotions

If yes, please describe: _____

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s): _____

Will food be sold? ☒ Yes ☐ No

If yes, please pick up Special Events Vendor Packet in Suite 105: _____

Will merchandise be sold? ☒ Yes ☐ No

If yes, describe: See Attached merchandise list

Will a percentage of the proceeds be distributed to a charitable organization? ☐ Yes ☒ No

If yes, describe: _____

If the event is a fundraiser, identify charity or recipient of funds: N/A

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food

☒ Merchandise

☒ Non-Alcoholic Beverages

☐ Alcoholic Beverages

_____ (y :

Indicate type of items to be sold:

Please see attached Concessions and Merchandise list

Will these be exclusive vendors or outside vendors? (please describe):

UniverSoul Circus only



ITEMS SOLD IN CONCESSIONS

Hot Dogs
Buffalo wings
Nachos with Cheese
Funnel Cakes
Popcorn
Cotton Candy
Snow Cones
Soda (plastic bottles) -20oz.
Water (plastic bottles) – 16 or 20 oz.



UniverSoul Circus
230 Peachtree Street NW,
Suite 2000 - 20th Floor
Atlanta, GA 30303
Phone: 404-588-1235
Fax: 404-880-0399

UNIVERSOUL CIRCUS FOOD HANDLING PROCEDURES

FOOD PREPARATION:

Hot Dogs, Nachos, and Cheese Sauce are purchased at local food wholesaler. Hot Dogs are stored in our freezer at temperatures of 30° F or lower to keep them at a safe temperature to avoid contamination of any type.

Hot Dogs are boiled in a GE Roaster Pan up to 450° F to serving temperature.

Buffalo wings are deep fried in buffalo wing fryer then transferred to a commercial grade "Classic APW by Wyott," warmer.

These items are transferred from the freezer straight to their respective cooking pans and when ready they are kept at a safe temperature above 140° F until sold. The operator is responsible for checking the temperature of the hot dogs and cheese.

Cheese Sauce, Nachos is purchased in cans and stored properly. The Cheese sauce is poured into the cooking pan and it is heated up to 180° F and kept at a temperature above 140° F until served.

The funnel cake batter is prepared and kept in a plastic container. They are deep fried in the Funnel Cake fryer once a customer has made an order.

All items used in the Concessions Area are kept 6 inches above the floor and properly stored in plastic containers, and we require the use of food handling gloves for the preparation of any items sold in the circus.

All hand washing stations are equipped with water, soap and paper towels.

All items like hot dogs, popcorn, cotton candy, and snow cones are properly wrapped and then distributed.

We also have a 3-compartment sink for the washing of the utensils having the wash rinse and disinfectant compartments to avoid the growth bacteria.

Also each stand has plastic spray bottles with disinfectant for cleaning of the counter tops and the stands.

Waste Water(Grey Water) will be disposed of through holding tanks, which are services weekly.



NOVELTIES

Show Programs
Show Video
T-Shirts
Swords
Spinning Lights
Sparkle Balls
Caps
Tote Bags
Back Packs
Baby Bibs
Basketballs
Stuffed Tigers
Stuffed Elephants
Pennants

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: TBD

Address: _____ Phone: _____

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☐ Bonded

Describe the emergency evacuation plan: ~~Please see attached plan~~ _____

Describe the parking plan to accommodate anticipated attendance: _____

How will you advise attendees of parking options? _____

Are you seeking a group parking rate? No- UniverSoul Circus does not charge for parking.

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

We butt up to the Amphitheater (Chene Park)

Have local neighborhood groups/businesses approved your event?

☐ Yes ☒ No

Indicate what steps you have or will take to notify them of your event: _____

Indicate contact names and phone numbers (for verification) or attach approved letter(s): _____

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? _____

Size/Height _____

Booth _____

Tent (enclosed on 3 sides) 48meter; 53' x 72' Oval

Canopy (open on all sides) 20' x 20'

Staging/Scaffolding _____



CALIFORNIA DEPARTMENT OF FORESTRY and FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL

REGISTERED FLAME RESISTANT PRODUCT

Product:

PRECONTRAIN 502/532/832/1002

Registration No.

F-44401

Product Marketed By:

SERGE FERRARI
1460 SW 6TH COURTH
POMPANO BEACH, FL 33069

This product meets the minimum requirements of flame resistance established by the California State Fire Marshal for products identified in Section 13115, California Health and Safety Code.

The scope of the approved use of this product is provided in the current edition of the **CALIFORNIA APPROVED LIST OF FLAME RETARDANT CHEMICALS AND FABRICS, GENERAL AND LIMITED APPLICATIONS CONCERNS** published by the California State Fire Marshal.

Deputy State Fire Marshal

Expire: 6/30/2019



UNIVERSOUL CIRCUS SAFETY PLAN

1.0 UNIVERSOUL CIRCUS EMERGENCY AND EVACUATION PLAN

This emergency and evacuation plan has been established for the UniverSoul Circus Tour, to ensure a complete understanding of procedures to follow when there is an emergency situation or a situation that may require an evacuation.

Emergency situations can include, but are not limited to, sudden illness/injury to patrons, vendors or staff, malfunctioning equipment, misplaced items/theft, children separated from parents/guardians, disruptive or violent behavior, intoxicated persons, etc. Situations for potential evacuation could be caused by, but are not limited to, fire, biological threat, bomb threat, flood, gas leak, severe wind conditions, or tent system malfunctions. Evacuation is mandatory when the Operations Manager, Public Safety Supervisor, or CEO calls for the building evacuation.

This plan describes the emergency response measures, egress routes, and methods used to educate and communicate with tent occupants (patrons and staff), and those involved in emergency response and evacuation.

2.0 OVERVIEW OF Tent

Big Top – 19,473 sq. feet

The tent has two main entrance/exit points and Eleven (11) Emergency Exit stairwells. All Emergency Exits are illuminated and equipped with proper working fire extinguishers.

Concessions Tent – 92 feet X 53 feet X 39 feet high

The tent has 1 main point for entrance/exit and 2 secondary points for entrance/exit.

Standard Compound Area –

Standard area is 300 sq. feet X 600 sq. feet secured by a 6 foot perimeter fence.

3.0 FIRE EXTINGUISHERS

Fire extinguishers are available at all Emergency Exits as well in key equipment areas throughout the facility.

Fire extinguishers are maintained and checked weekly.

Extinguishers are to be used to put out a small fire or to assist in escaping from a large fire without risk to operator safety.

4.0 ORGANIZATIONS AND RESPONSIBILITY

The following sections outline the roles and responsibilities that have been assigned in the event of an emergency evacuation.

4.1 *Emergency and Evacuation Director*

The Emergency and Evacuation Director for the UniverSoul Circus is the Operations Manager (404) 787-4701

Responsibilities include the following:



UNIVERSOUL CIRCUS SAFETY PLAN

- Alerting Local Emergency Response Departments of the emergency situation.
- Assessing the situation and directing emergency response actions until Emergency Responders arrive.
- Providing assistance and acting as a liaison between UniverSoul Circus and Emergency responders
- Overseeing and assisting with evacuation procedure to ensure an effective evacuation is conducted.
- Assuming the responsibilities of the Evacuation Director in his absence
- Overseeing the gathering point activities and ensure occupant safety
- Receiving emergency and evacuation information from the fireguards and communicate the information to the Evacuation director.
- Accounting for all Fireguards during an emergency or evacuation.
- Coordinating Fireguard activity in response to Emergency and Evacuation Director's directives including assigning Fireguards to tasks or exits.

4.2 Fireguards

The Fireguards are responsible for the following:

- Supervising the initial response to an emergency or evacuation of a specific area.
- During emergencies that do not require evacuation, communicating to immediate supervisor the type of emergency such as sudden illness, injury, malfunctioning equipment, misplaced item, theft, a child separated from a parent or guardian, disruptive or violent behavior, an intoxicated person, etc.
- Asking all patrons and personnel in their areas to respond appropriately to an emergency and/or evacuate the tent, courtyard, backstage and lot.
- Directing all occupants to stairs.
- Closing all doors upon evacuation.
- Directing all personnel to the designated gathering point.
- Making reasonable efforts to determine if there are missing persons and provide department head with names of missing persons as feasible.
- Determining if anyone needs special assistance and identifying a fireguard or designee to assist the individual to the safe refuge area or wait with the individual for emergency responders to move the person to the safe refuge area.

4.3 Department Head Responsibilities

The Department Head Responsibilities include the following:

- Ensure all Emergency Exits are unlocked prior to each show.
- Designating and assigning fireguards to areas, and alternate fireguards, and assigning replacements when employees leave.
- Communicating the type of emergency and/or need for evacuation to the Emergency and Evacuation Director
- Supervising department response to emergency evacuation
- Identifying persons that may require special assistance in the event of a building evacuation.
- Identifying that department is free and clear of emergency or persons if an evacuation is required



UNIVERSOUL CIRCUS SAFETY PLAN

5.0 EVACUATION PROCEDURES

In case of an emergency that requires evacuation (Fire, Sustained Winds, Power Outage, Earthquake, Bomb Threat) the following describes the steps of the USC evacuation plan:

Alert – In the event an emergency occurs the Emergency and Evacuation Director will notify all department heads to take position and prepare for evacuation.

For weather related concerns, various weather channels, including a weather radio, are monitored before and during threatening or active weather periods by the E&E Director and other support personnel. If E&E Director determines that the weather pattern and/or current conditions call for a cessation of activities (Box Office Sales, Ingress of Public, Promotions, Performances, Rehearsals, etc.) at any point before the circus is open to the public, once the circus is open to the public or during the show, then the E&E Director will notify all necessary persons including department heads, local vendors, on-site First Responders, landlord representatives, and media liaison to advise what measures need to be taken.

Big Top – The Ring Master will notify the audience in a calm and relaxed fashion, “Please follow the instructions of the usher closest to you in the aisles and stationed at each exit. Stay calm and walk as you exit the tent.” *(This notification will be made by the use of our powered public address system. In case of power outage, this notification will be made by the designated Bull Horn located in the backstage area.)*

Egress – (1) One usher per exit and (4) Fireguards. In the event of an emergency, ushers and fireguards stationed at the exits will secure the tent fabric curtains in the open position to allow egress via the emergency exit stairs located at the back of the bleachers.

- ♦ Handicap patrons are escorted through main entrances exits 5 & 9
- ♦ Section A rows 6 through 9- Exit 1
- ♦ Half of B – Exit 1
- ♦ Half of B and Half of C Exit 2
- ♦ Half of C and Half of D – Exit 3
- ♦ Half of D – Exit 4
- ♦ Section E and Half of F – Exit 6
- ♦ Half of F and Half of G – Exit 7
- ♦ Half of G and H – Exit 8
- ♦ Half of I – Exit 10
- ♦ Half of I and Half of J – Exit 11
- ♦ Half of J and Half of K – Exit 12
- ♦ Half of K and Section L – Exit 13
- ♦ Boxes 1 through 20 – Exit 5
- ♦ Boxes 21 through 40 – Exit 9
- ♦ Sections A-F rows 1 through 5 – Exit 9
- ♦ Sections G-L rows 1 through 5 – Exit 5



5.0 EVACUATION PROCEDURES (contd.)

- **Concessions & Courtyard** – The concessions manager will notify any customers in a calm and relaxed fashion to carefully follow the instruction of the fireguards stationed at each entrance/exit of the concessions tent. *(This notification will be made by the use of the designated Bull Horn located in the concessions tent)*

Egress – (1) One fireguard per exit.

- ♦ All patrons in the concessions tent will be escorted through the main entrance or through one or both of the side exits to designated place of refuge if needed.

- **Backstage and Lot** – The Site Manager will notify all remaining employees in a calm and relaxed fashion to carefully follow the instructions of the fireguards designated to their areas to clear the lot. *(This notification will be made by the use of the designated Bull Horn located in the backstage area.)*

Egress – (4) Four designated fireguards for backstage and lot

- ♦ Lot crew, security personnel and all additional circus staff, will be stationed immediately outside of the tent at each exit. They will ensure the safe egress of the patrons from the tent and circus grounds to the designated “Safe Zone”.
- ♦ In case of an emergency requiring the removal of the animals from the circus grounds, the first stage shall be the loading and securing of the animals inside their transport trailer. The trailer provides a degree of protection for the animals and allows the unhindered evacuation of circus patrons from the grounds.

Special Assistance – Pre-designated staff will assist persons who require special assistance to be evacuated from the tent to a safe zone and wait with them until the emergency response team arrives.

6.0 All Clear

The Emergency and Evacuation Director in conjunction with the emergency personnel will be responsible for initiating the order for an “All Clear” announcement.

7.0 TRAINING

The UniverSoul Circus tour is staffed with the following.
Certified Fireguards.

Managers Certified in Standard First Aid & Infant/Adult CPR.

8.0 General Compound Safety



UNIVERSOUL CIRCUS SAFETY PLAN

The objective is to secure the compound and protect the people, property, and reputation of the UniverSoul Circus. All Public Safety Personnel should be easily identified and be neat and clean. Public Safety Personnel must maintain a courteous attitude at all times. In some instances a firm but polite stance will be necessary. Rudeness, carelessness, and playful behavior will not be tolerated. No eating, drinking, or smoking is allowed on posts. Unprofessional behavior will not be tolerated on the grounds, on or off duty.

8.1 Twenty-four (24) Hour Posts

Public Safety Personnel must maintain a continuous surveillance of the property and persons entering, exiting, and remaining on the compound. The surveillance of the compound is made by a combination of stationary and roving posts, which is determined per site, and created to provide the best possible coverage. Any deviation should be cleared through the Operations Manager.

Entry points should be secured by a locked gate or a Public Safety Person. Credentials should be checked of anyone entering the compound. Any person attempting to enter the compound without a valid badge must be cleared through the Operations Manager. The Operations Manager may provide clearance in person, via the radio, with a list, or a person designated to allow others to enter the compound. As part of a program to avoid credential loss, at random intervals, Public Safety Personnel will be asked to require all circus personnel to produce credentials.

Regular deliveries and service calls must be channeled to the appropriate staff member or area of the compound as soon as possible. For example, UPS may have frequent deliveries for Concessions. Do not detain or delay deliveries or service calls unless the safety of the public is a concern. Another example is the Federal Express driver may want to drive through the courtyard to deliver several boxes after the UniverSoul Circus has opened to the public. Because the courtyard may have several patrons, the Federal Express driver will need to park at the closest Service Entrance and walk the delivery into the compound or drive to the nearest Backstage Service Entrance and deliver the items. All service calls and deliveries are to be announced or listed and completed during non-show time whenever possible. Announcements may come in the form of a Memo or verbally, but should be listed on the Delivery and Service Call Log.

Checking credentials requires that the Public Safety Personnel look carefully at the identifying marks of the tour pass. The front and back of the badge has certain characteristics to indicate that it is a current and authentic UniverSoul Circus. All personnel employed by the UNIVERSOUL CIRCUS and anyone entering the compound as a Visitor must display or be issued a current badge. Anyone attempting to use an expired or fake badge should be detained and the Operations Manager should be notified immediately.

8.2 Main Entrance and Ticket Gate

Main Entrance is the area in which the patrons enter and exit. The Ticket Gate is also the main point of entry for Visitors during non-show times. The Public Safety Personnel stationed at the gate will act as a filter for the UNIVERSOUL CIRCUS. The officer will



UNIVERSOUL CIRCUS SAFETY PLAN

need basic information, such as a person's name, company and purpose of the visit so that a brief radio transmission will have enough information for the person receiving the transmission can respond with clear instructions.

8.3 Authorized Personnel Entrances

Gates are labeled as Authorized Personnel or Service Entrance, etc. These gates are for deliveries, service calls, and badge access, and not for public entry unless otherwise noted by the E & E Director. Each Service Entrance should be marked with a sign such as Authorized Personnel, Service Entrance as well as Fire Lane Do Not Block, etc...

Authorized Personnel Signs are posted throughout the facility. Access to these areas requires a badge. Some delivery and service call personnel, such as the Ticketmaster Technician, will need to gain access to those areas; however Public Safety should be aware regarding service calls and deliveries.

8.4 Fire Lanes

Only emergency vehicles such as ambulances, fire trucks, and police cars are allowed to park in these areas. UNIVEROUL CIRCUS even encourages that the drivers of those vehicles park somewhere else. Press, VIPs, and Tour Staff are not allowed to park in these areas. Loading and unloading is O.K. by Press, VIPs, Vendors, and Staff, but should be quick and directed elsewhere if it will affect the exiting or entry of patrons at that time. Any exceptions should be made by the E & E Director.

8.5 Show Time Public Safety

Several Public Safety Personnel (Ticket Takers, Ushers, EMS, etc.) are used during show time for customer service and basic crowd control. Standing on the seats is not permitted during the performances. Ushers stationed throughout the Performance Tent during the performances will monitor the occupants and instruct anyone standing on a seat to step down onto the walking surface.

8.6 Ticket Gate

All patrons entering the facility must have a ticket or be escorted onto the property by a person with an ALL ACCESS badge. All bags of patrons entering the compound are subject to inspection and patrons can be asked to open for an examination to locate items prohibited by the UNIVEROUL CIRCUS which include outside food and beverage, unauthorized paraphernalia (glow necklaces, swords, and balloons), cameras, video cameras, audio recording devices, guns, stun guns, knives, and other weapons. NEVER TELL THE PUBLIC THAT SECURITY IS SEARCHING FOR WEAPONS, BOMBS, ETC.

8.7 Backstage Entry

During shows Public Safety Personnel hold various posts to ensure that persons entering the backstage area have the proper badge. All persons leaving the backstage area must display their badges including children. All persons attempting to enter the backstage area must display their badges. Any problems with UNIVEROUL CIRCUS personnel should be reported immediately to the E & E Director.



UNIVERSOUL CIRCUS SAFETY PLAN

PATRON INGRESS AND EGRESS SCHEDULE

NORMAL WEEKDAY SHOWS

10:30AM SHOW

Doors
Show
Ingress
Egress

TUESDAYS - FRIDAYS

9:30am
10:30am - 12:45pm
9am - 11am
12:30pm - 1:15pm

7:00PM SHOWS

Doors
Show
Ingress
Egress

6:00pm
7:00pm - 9:15pm
6:00pm - 8pm
9:30pm - 10:00pm

NORMAL SATURDAY SHOWS

12NOON SHOWS

Doors
Show
Ingress
Egress

11am
12noon - 2:15pm
11am - 12:30pm
2:15pm - 2:45pm

4:00PM SHOWS

Doors
Show
Ingress
Egress

3:00pm
4:00pm - 6:15pm
2:45pm - 4:30pm
6:00pm - 6:30pm

7:30PM SHOWS

Doors
Show
Ingress
Egress

6:30pm
7:30pm - 9:45pm
6:30pm - 8:00pm
9:30pm - 10:00pm

12:30PM, 3:30PM, AND 6:30PM SUNDAY SHOWS

12:30PM SHOWS

Doors
Show
Ingress
Egress

11:30am
12:30pm - 2:45pm
11:30am - 1:00pm
2:30pm - 3:00pm

3:30PM SHOWS

Doors
Show
Ingress
Egress

3:15pm
3:30pm - 5:45pm
2:45pm - 4:00pm
5:30pm - 6:05pm

6:30PM

Doors
Show
Ingress
Egress

6:00pm
6:30pm - 8:45pm
5:45pm - 7:00pm
8:30pm - 9:05pm



EMERGENCY CONTACT NUMBERS

Fire 911

Medical 911

Police 911

PRIMARY CIRCUS ONSITE EMERGENCY CONTACT

Emergency and Evacuation Director	(404) 787-4701	Operations Manager
Assistant E & E Director	(713) 391-9485	Lot Superintendent

SECONDARY CIRCUS ONSITE EMERGENCY CONTACT

Front of House Manager	(404) 447-1934
Box Office Manager	(404) 787-2323

CIRCUS CORPORATE EMERGENCY CONTACT PERSONNEL

Director of Operations	Benjamin Johnson (404) 787-1821
Executive Vice President	Paula D. Murphy (404) 787-1819
Executive Vice President	Jacqueline Davis (404) 787-1820

LEGEND

1. MAIN ENTRANCE
2. SOUVENIER COUNTER
3. KING POLE
4. BABY CHANGING STATION
5. BABY STROLLERS
6. FUNNEL CAKE FRYERS
7. HOT DOG AND CHICKEN WING WARMERS
8. NACHOS AND CHEESE WARMERS
9. SODA, WATER AND SNO CONES AND ICE MACHINES
10. COTTON CANDY AND POPCORN MACHINES
11. ENTRANCE / EXIT ACCESS
12. EMPLOYEE ACCESS
13. OIL / FIRE EXTINGUISHERS
14. THREE COMPARTMENT SINK
15. HAND WASH STATION
16. POWER DISTRIBUTION BOX
17. HOLDING TANKS
18. GRAY WATER HOSE

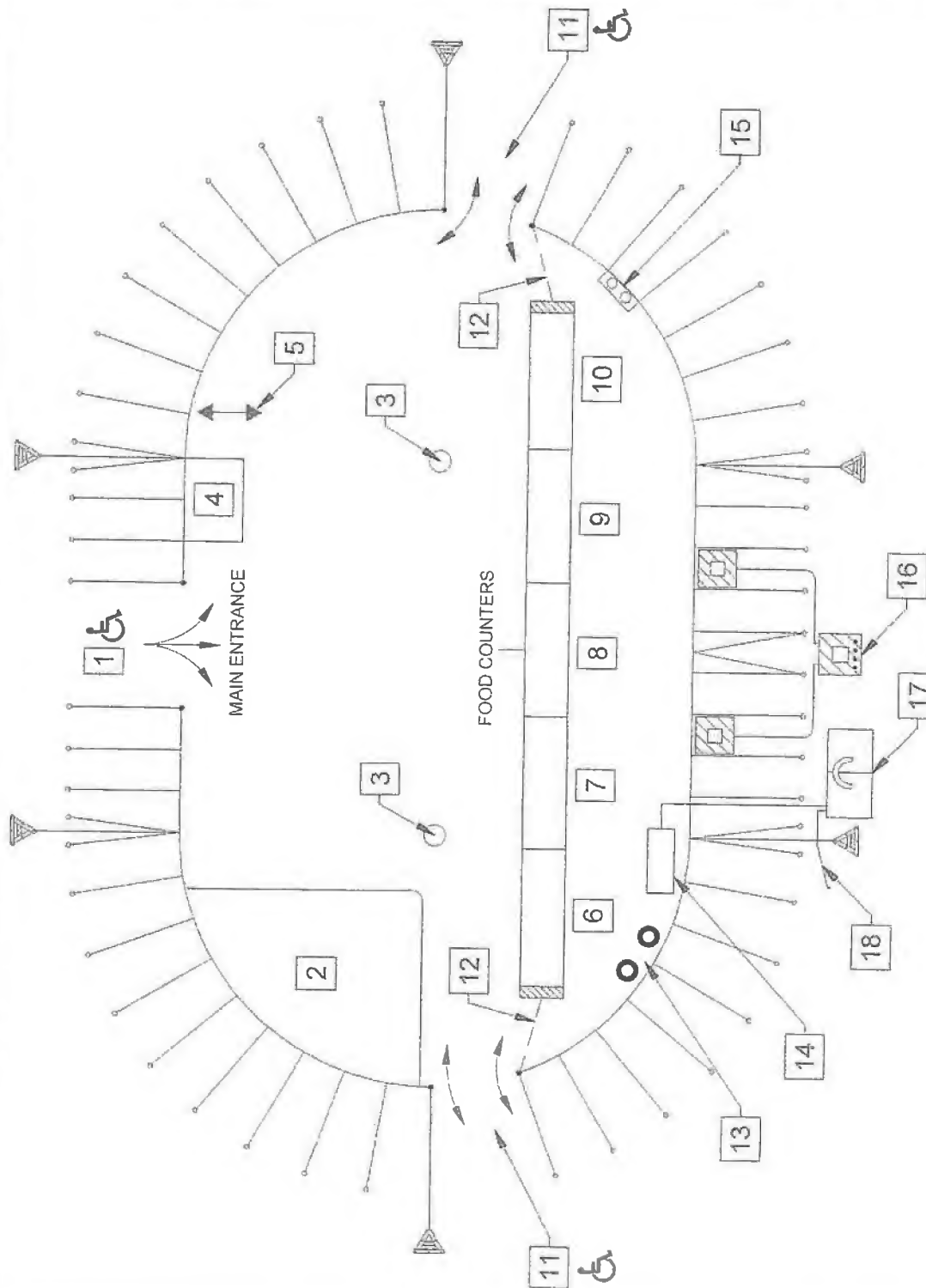
♿ HANDICAPPED ACCESSIBLE

REV	DESCRIPTION	DATE	BY
1	ISSUED FOR CONSTRUCTION	03/01/11	UC021
2	REVISIONS	04/14/2013	UC021
3	FINAL	04/14/2013	UC021

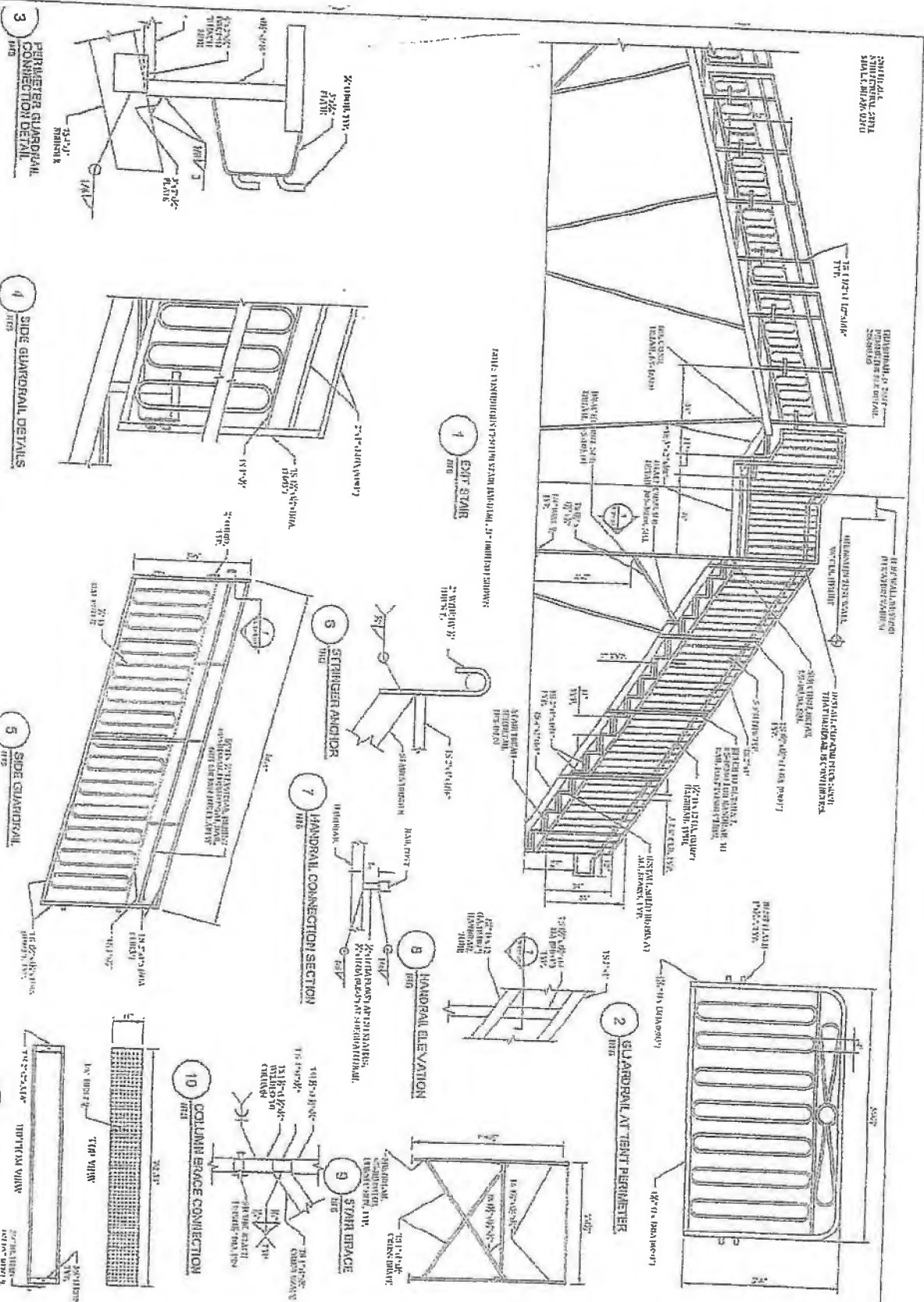
UNIVERSOUL CIRCUS CORPORATE HEADQUARTERS
510 WHITEHALL ST
ATLANTA, GA 30303

TOUR A
53' X 72' OVAL
CONCESSIONS TENT
LAYOUT

PROJECT	UC021
DATE	4/14/2013
DESIGNER	NONE
OF	1



PLAN VIEW OF TOUR A
53' X 72' OVAL
CONCESSIONS TENT



3 PERIMETER GUARDRAIL CONNECTION DETAIL

4 SIDE GUARDRAIL DETAILS

5 SIDE GUARDRAIL

11 STAIR FRAISE



CALIFORNIA DEPARTMENT OF FORESTRY and FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL

REGISTERED FLAME RESISTANT PRODUCT

Product:

PRECONSTRAINT 702 BLACKOUT

Registration No.

F-44408

Product Marketed By:

SERGE FERRARI
1460 SW 6TH COURT
POMPANO BEACH, FL 33069

This product meets the minimum requirements of flame resistance established by the California State Fire Marshal for products identified in Section 13115, California Health and Safety Code.

The scope of the approved use of this product is provided in the current edition of the **CALIFORNIA APPROVED LIST OF FLAME RETARDANT CHEMICALS AND FABRICS, GENERAL AND LIMITED APPLICATIONS CONCERNS** published by the California State Fire Marshal.

A handwritten signature in black ink, appearing to read 'M. Capella', is written over a horizontal line.

Deputy State Fire Marshal

Expire: 6/30/2019

Internal to the tent seating system

Bleachers _____

Company:

Grill

☐ Gas ☐ Charcoal ☐ Electrical ☐ Propane

Fireworks (Pyrotechnics)

☐ Aerial ☒ Stage

Provide Sketch:

Portable Restrooms:

☒ Standard ☒ ADA Accessible

Vehicles: SEMI'S, TRACTORS, TRAILERS, RV'S, CARS, TRUCKS, VAN'S

Type/Weight:

VARIES

Other:

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase
NO.

Will additional utility services be used (power, water, etc.)? Please describe.

Hydrant closest to the compound will be required to provide water supply- required permits and/or authorizations will be obtained.

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance. NO Fireworks- Open Flame apart of a performance (Description Attached).



We will have one act that uses fire (Open flame), Caribbean Soul.

Caribbean Soul: dance troupe with 10 female dancers, 2 male dancers and 4 stilt walkers. Act includes the use of fire for a limbo bar by Zakita Edingborough who has performed this act for Universoul Circus for the past 6 years. 2 hand held torches and 1 stilt walker breathing fire. The portions containing fire should last less than 45 seconds. During the performance we will have stage hands around the ring curb with wet cloths and fire extinguishers that will immediately put the fire out as soon as the act is over.

Thank you so much for working with us again this year and if you have any question or concerns, please contact Kemberly Seward at 404-277-2275.

Thank you,

Soul Circus Inc.

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: TBD- LOCAL VENDOR

Address:

Phone:

City/State/Zip

Name of company providing emergency medical services?

Contact Person: TBD

Address:

City/State/Zip:

Name of company providing porta-johns.

Contact Person: TBD

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person: N/A

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM _____

TO _____

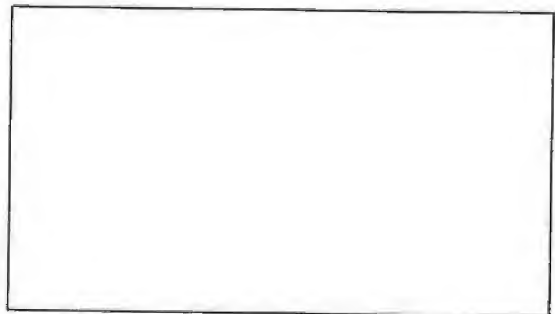
Closure Dates: _____

Beg. Time: _____

End Time: _____

Reopen Date: _____

Time: _____



STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

☐ Posting no parking signs

☐ Light pole

☐ Electrical Services

☐ Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?



April 5, 2019

City Clerk's Office
Coleman A. Young Municipal Center
2 Woodward Ave. Suite 200
Detroit, MI 48226

RE: UniverSoul Circus- Special Event Request

Dear Councilman/Councilwomen,

UniverSoul Circus has embarked on its 2019 Tour, and the City of Detroit has been added to the route. Our office is requesting Special Event approval to host our annual event within the City.

The proposed dates of operation are September 5, 2019 – September 29, 2019. We will require a minimum of 2-days prior to opening and closing for set-up and break-down. Our operation will include erecting the circus tent(s) for the purpose of performances with acrobats and animals and operating a concessions area with food and merchandising. As in previous years the approval has been requested to host the performance at Chene Park located at 2600 East Atwater, Detroit, MI 48207.

I can be contacted directly at ops2@universoulcircus.com or 404-277-2275 with any additional questions.

Respectfully Submitted,

Kemberly Seward

Kemberly Seward
Permitting Consultant
Soul Circus Inc.

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

4/5/19

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: SOUL CIRCUS INC. d/b/a UniverSoul Circus

Event Date: Sept 5, 2019 – Sept. 29 2019

Event Organizer: Soul Circus Inc.

Applicant Signature: 

Date: 4/5/19

16

MAYOR'S OFFICE COORDINATORS REPORT

17

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 688 Event Name: Bike the Bridge

Event Date : October 27, 2019

Street Closure: None

Organization Name: Tour de Troit

Street Address: 2727 Second Ave Detroit, MI 48201

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Bike Ride</u> | |
- ☒ **24-Hour Liquor License**

Petition Communications (include date/time)

Annual Bike Ride starting in Clark Park and crossing the Ambassador Bridge into Windsor and ending in Clark Park from 7:00am - 12:00pm.

** **ALL** permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with DMCare Express to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Fusher

Date: May 29, 2019



0 50' 100'
SCALE: 1" = 100'



(4) 10'x10' TENTS

PORTA-JOHN'S
7 REGULAR
2 ADA



Know what's below.
Call before you dig.

TdT Bike the Bridge Detroit, Michigan Clark Park Set Up Plan

giffels webster
Engineers Surveyors Planners
Landscape Architects

28 West Adams Road
Suite 1200
Detroit, MI 48226
p (313) 962-4442
f (313) 962-5068
www.giffelswebster.com

Executive:	MGD
Manager:	MGD
Designer:	MGD
Quality Control:	VAK
Section:	

Developed For:

Tour de Troit

2727 Second Avenue
Suite 148
Detroit, MI 48201

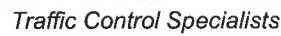
DATE:	ISSUE:
03.12.2019	SEMT Permit

Date:	03.12.2019
Scale:	1"=100'
Sheet:	C1
Project:	18101-00D

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without the prior written consent of
Giffels Webster.

V:\18101-00D Tour-de-Troit - Hatch Detroit\Drawing Files\strike the bridge\strike the bridge - clark park set up plan 2019 - v1.dwg

"Equal Opportunity Employer"



*** Please direct any inquiries to John Clarke***

Line No	Items of Work	Unit	Qty	Unit Price	Amount	
	POCO WILL BE SUPPLYING TRAFFIC CONTROL FOR THIS YEARS EVENT					
					Total	\$0.00



03/13/2019

Victoria Karanski of Tour De' Troit,

We have been contracted and reserved to provide portable restroom rooms for the following events and dates:

Rouge-A-Thon April 13th 2019

Tour d'Eastside June 1st 2019

Tour de Troit September 14th 2019

Bike the Bridge October 27th 2019

Drew Weber

Scotty's Potties

Bob's Sanitation Service, Inc
Scotty's Potties
P.O. Box 530845
Livonia, MI, 48153
734-421-1400 / Fax 734-946-7382

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, February 18, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
RECREATION DEPARTMENT

688 *Tour de Troit, request to hold "Bike the Bridge" at Clark Park over
Ambassador Bridge and backand around Detroit on 10/27/19 @ 7AM - 12PM,
Set on same day @ 6AM -7AM, Tear down on same day @12PM - 2PM*

688

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Bike the Bridge

Event Location: Clark Park, over Ambassador Bridge and back and around Detroit

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Tour de Troit

Organization Mailing Address: 2727 Second Ave. Suite 148 Detroit, MI 48201

Business Phone: 248-766-6485

Business Fax:

Federal Tax ID # 46-0845424

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: Vittoria Katanski

Title/Role: Director

Email Address: vittoria@tour-de-troit.org

Mailing Address: 2727 Second Ave. Suite 148 Detroit, MI 48201

Business Phone: 248-766-6485

Business Fax::

Event On-Site Contact Person:

Mailing Address: Same as above

Business Phone:

Business Fax:

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors:

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☒ Other: Bike ride

Section 3- LOCATION/SITE INFORMATION

Location of Event: **Clark Park**

Facilities to be used (circle): Street **X** Sidewalk Park **X** City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Singers | <input type="checkbox"/> Magician |
| <input type="checkbox"/> Musicians | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Comedians | <input type="checkbox"/> Other: _____ |

Describe the entertainment for this year's event:

List proposed entertainers and/or bands performing at the event:

Will a sound system be used? ☐ Yes ☒ No

If yes, what type of sound system? _____

☒ Acoustic-audible, sound heard within natural range

☐ Amplified-augmented, sound increased to broaden range

The amplified sound will be used: _____

Will the event consist of a musical concert? ☐ Yes ☒ No

If yes, what type of music? (check all that apply)

☐ Live ☐ Recorded ☐ Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: _____

How many generators will be used? _____

How will the generators be fueled? _____

Name of vendor providing generators: _____

Contact Person: _____

Provide a brief description of your event:

A bike ride starting in Clark Park, then crossing the Ambassador Bridge to Windsor and back, then a ride around
Detroit ending in Clark Park for lunch and entertainment.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 10/27/19, 6 am Complete Set-up Date & Time: 10/27/19, 7am

Event Start Date & Time: 10/27/19 7am Event End Date & Time: 10/27/19 12pm

Begin Tearing Down Date: 10/27/19 12pm Complete Tear Down Date: 10/27/19 2pm

Event Times (If more than one day, give times for each day):

Is this the first time you have held this event in the City of Detroit? ☐ Yes ☒ No

If no, what years has the event been held in Detroit? Every other year since

When was the event last held in Detroit?

Where was the event last held in Detroit? Clark Park, Ambassador Bridge, and around Detroit

What were the hours last year? Same as above

Project Attendance This Year (Minimum – Maximum)? 450

What is the basis for your projected attendance? Previous years' registrations

Please describe your anticipated/ target audience:

Is this going to be an annual event? ☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year? October 25, 2020 based in Windsor

If a parade is planned. Indicate elements (check all that apply):

☐ People ☐ Balloons

☐ Floats ☐ Animals

☐ Vehicles ☐ Other: _____

☐ Bands

If animals included, specify type, number and how used.

Name of business supplying animal(s): _____

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Address: _____

Phone: _____

City/State/Zip: _____

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

☐ Radio (Specify stations): _____

☐ Television (Specific stations): _____

☐ Newspapers (specify papers): _____

☒ Web site (identify web address): www.tour-de-troit.org

☒ Public Relations or Marketing Firm (Specify): Robar PR

Contact Info:

☐ Raffle (List Item(s)): _____

☐ Billboards

☒ Flyers

☐ Street Banners

☒ Other (specify): Newsletter

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe: Tickets are sold through RunSignUp until a month prior to the event.

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s): _____

Will food be sold? ☐ Yes ☒ No

If yes, please pick up Special Events Vendor Packet in Suite 105: _____

Will merchandise be sold? ☐ Yes ☒ No

If yes, describe: _____

Will a percentage of the proceeds be distributed to a charitable organization? ☒ Yes ☐ No

If yes, describe: Clark Park and Tour de Troit (we are a non-profit organization)

If the event is a fundraiser, identify charity or recipient of funds: _____

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food

☐ Merchandise

☐ Non-Alcoholic Beverages

☐ Alcoholic Beverages

☐ Other (specify): _____

Indicate type of items to be sold: _____

Will these be exclusive vendors or outside vendors? (please describe): _____

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: N/A

Address: _____

Phone: _____

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

Describe the emergency evacuation plan: Riders will follow lead of DPD

Describe the parking plan to accommodate anticipated attendance: Parking option at MDOT and around park

How will you advise attendees of parking options? Via email and direct communication to registered riders

Are you seeking a group parking rate? _____

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

N/A

Have local neighborhood groups/businesses approved your event?



Yes



No

Indicate what steps you have or will take to notify them of your event: Contact businesses along route directly as well as post on community listserves. We also have a route map on our website.

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many?

4

Size/Height

10x10

Booth

Tent (enclosed on 3 sides)

Canopy (open on all sides)

4

Staging/Scaffolding

~~Bleachers~~ OTHER:

We will set up transition station for bike racks

Company:



☐ Charcoal

☐ Electrical

☐ Propane

Fireworks (Pyrotechnics)

☐ Aerial

☐ Stage

Provide Sketch:

Portable Restrooms:

☒ Standard

☒ ADA Accessible

Vehicles

Type/Weight:

7 standard; 2 ADA

Other:

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

no

Will additional utility services be used (power, water, etc.)? Please describe.

no

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

no

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Southwest Lawns

Address: _____

Phone: _____

City/State/Zip _____

Name of company providing emergency medical services?

Contact Person: DMC

Address: _____

City/State/Zip: _____

Name of company providing porta-johns. Scotty's Potties

Contact Person: Tom

Address: _____

Phone: _____

City/State/Zip: _____

Name of private catering company? Lunchtime Global

Contact Person: John Grossi

Address: _____

Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Traffic would be stopped, then allowed
to pass when participants have crossed
Due to the event and time of day
we anticipate a very small wait.

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

- ☒ Posting no parking signs ☐ Light pole
☐ Electrical Services ☐ Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests? _____

Our route will be coned and barricaded. We will also have materials located at key points in the ride.

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Victoria A. K. K. K.

December 12, 2018

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

17

18

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 689 Event Name: Tour de Troit

Event Date : September 14, 2019

Street Closure: Various

Organization Name: Tour de Troit

Street Address: 2727 Second Ave Detroit, MI 48201

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Bike Ride</u> | |
- ☒ **24-Hour Liquor License**

Petition Communications (include date/time)

Annual bike ride starting from Roosevelt Park throughout the City of Detroit from 6:00am - 3:00pm.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with DMCAre Express to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Lusher

Date: May 29, 2019





03/13/2019

Vittoria Katanski of Tour De' Troit,

We have been contracted and reserved to provide portable restroom rooms for the following events and dates:

Rouge-A-Thon April 13th 2019

Tour d'Eastside June 1st 2019

Tour de Troit September 14th 2019

Bike the Bridge October 27th 2019

Drew Weber

Scotty's Potties

Bob's Sanitation Service, Inc
Scotty's Potties
P.O. Box 530845
Livonia, MI, 48153
734-421-1400 / Fax 734-946-7382

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, February 18, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
RECREATION DEPARTMENT

689 *Tour de Troit, request to hold "Tour de Troit" at Roosevelt Park and around city with a rest at Palmer Park on 9/14/19 @ 6AM - 3PM, Set up 9/12/19 - 9/14/19 @ 8AM - 6AM, Tear down on same day from 3PM - 5PM*

#689

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least **60 days** prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Tour de Troit

Event Location: Roosevelt Park and around city with a rest at Palmer Park

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Tour de Troit

Organization Mailing Address: 2727 Second Ave. Suite 148 Detroit, MI 48201

Business Phone: 248-766-6485

Business Fax:

Federal Tax ID # 46-0845424

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: Vittoria Katanski

Title/Role: Director

Email Address: vittoria@tour-de-troit.org

Mailing Address: 2727 Second Ave. Suite 148 Detroit, MI 48201

Business Phone: 248-766-6485

Business Fax:

Event On-Site Contact Person:

Mailing Address: Same as above

Business Phone:

Business Fax:

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors:

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: Bike ride |

Provide a brief description of your event:

Bike ride through the city of Detroit with a stop at Palmer Park for a rest. We begin the ride at Roosevelt Park in
Corktown and end at the same location with music, lunch, and fun.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 9/12/19 8am Complete Set-up Date & Time: 9/14/19 6am

Event Start Date & Time: 9/14/19 6AM Event End Date & Time: 9/14/19 3pm

Begin Tearing Down Date: 9/14/19 3pm Complete Tear Down Date: 9/15/19 5pm

Event Times (If more than one day, give times for each day):

Is this the first time you have held this event in the City of Detroit? Yes ☐ No ☒

If no, what years has the event been held in Detroit? Annually since 2001

When was the event last held in Detroit? September 15, 2018

Where was the event last held in Detroit? Roosevelt Park and Rouge Park

What were the hours last year? Same as above

Project Attendance This Year (Minimum – Maximum)? 6000

What is the basis for your projected attendance? Previous years' attendance

Please describe your anticipated/ target audience:

Is this going to be an annual event? ☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year? September 12, 2020

If a parade is planned. Indicate elements (check all that apply):

☐ People ☐ Balloons

☐ Floats ☐ Animals

☐ Vehicles ☒ Other: Bike ride

☐ Bands

If animals included, specify type, number and how used.

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event: Roosevelt Park and Palmer Park

Facilities to be used (circle): Street ☒ Sidewalk Park ☒ City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Singers | <input type="checkbox"/> Magician |
| <input type="checkbox"/> Musicians | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Comedians | <input type="checkbox"/> Other: _____ |

Describe the entertainment for this year's event: DJ with announcements and music in the morning, music starting at 8am until riders leave, then back on 11:30-4pm when riders return.

List proposed entertainers and/or bands performing at the event: _____

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? _____

☒ Acoustic-audible, sound heard within natural range

☐ Amplified-augmented, sound increased to broaden range

The amplified sound will be used: _____

Will the event consist of a musical concert? ☐ Yes ☐ No

If yes, what type of music? (check all that apply)

☒ Live ☒ Recorded ☐ Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: _____

Generated power required.

How many generators will be used? One for stage, five additional tanks on-site

How will the generators be fueled? Gas on-site, less than five gallons

Name of vendor providing generators: _____

Contact Person: JKMD

Address: 32671 Conrad Street

Phone:

City/State/Zip: Chesterfield Township , MI 48047

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

☐ Radio (Specify stations):

☐ Television (Specific stations):

☐ Newspapers (specify papers):

☒ Web site (identify web address): www.tour-de-troit.org

☒ Public Relations or Marketing Firm (Specify): Robar PR Communications-Detroit, MI

Contact Info:

☐ Raffle (List Item(s)):

☒ Billboards

☒ Flyers

☐ Street Banners

☒ Other (specify): _____

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe: _____

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s): _____

Will food be sold? ☐ Yes ☒ No

If yes, please pick up Special Events Vendor Packet in Suite 105: _____

Will merchandise be sold? ☐ Yes ☒ No

If yes, describe: _____

Will a percentage of the proceeds be distributed to a charitable organization? ☒ Yes ☐ No

If yes, describe: We are a nonprofit funding bike education, bike safety, and non-motorized infrastructure

If the event is a fundraiser, identify charity or recipient of funds: Tour de Troit

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food

☐ Merchandise

☐ Non-Alcoholic Beverages

☐ Alcoholic Beverages

☐ Other (specify): _____

Indicate type of items to be sold: _____

Will these be exclusive vendors or outside vendors? (please describe): _____

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Off-duty Wayne County sheriff will be on site from set-up to tear down

Address: _____ Phone: _____

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

Are the private security personnel (check all that apply):

☐ Licensed ☐ Armed ☐ Bonded

Describe the emergency evacuation plan: Riders will follow lead of DPD

Describe the parking plan to accommodate anticipated attendance: There is street parking around the location. U of D Dental School and Motor City Casino are offering parking as well.

How will you advise attendees of parking options? Registration confirmation email

Are you seeking a group parking rate? No

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Traffic will be barricaded where the ride is and streets will be blocked off. Streets will open as participants clear and DPD clears the route.

Have local neighborhood groups/businesses approved your event?



Yes



No

Indicate what steps you have or will take to notify them of your event: We reach out to CDCs in the area as well as residential groups.

We post on the appropriate list-serves, have a large media presence, post on our website, and send letters to all businesses on route. We also poster and flier the city with the date and time, and meet with community groups in person as requested.

Indicate contact names and phone numbers (for verification) or attach approved letter(s): _____

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? 4-40x40 tents, 5- 40x20 tents, 1- 10x10 canopy over stage, 7-10x10 pop-ups, 1- 10x10 pop-up, 5 generators with less than 5 gallons of gas, 105 portable toilets

Size/Height _____

Booth _____

Tent (enclosed on 3 sides) _____

Canopy (open on all sides) _____

Staging/Scaffolding _____

~~Bleachers~~ OTHER:

Company:

Grill:

☒ Gas ☐ Charcoal ☐ Electrical ☐ Propane

Fireworks (Pyrotechnics)

☐ Aerial ☐ Stage

Provide Sketch:

Portable Restrooms:

☒ Standard ☒ ADA Accessible

Vehicles

Type/Weight: _____

Other: _____

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

No

Will additional utility services be used (power, water, etc.)? Please describe.

No

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

No

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Recycle Here

Address: 1331 Holden Street

Phone: _____

City/State/Zip Detroit, MI 48201

Name of company providing emergency medical services?

Contact Person: DMCare Express

Address: _____

City/State/Zip: Detroit, MI

Name of company providing porta-johns. Scotty's Potties

Contact Person: Tiffany

Address: _____

Phone: _____

City/State/Zip: _____

Name of private catering company?

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

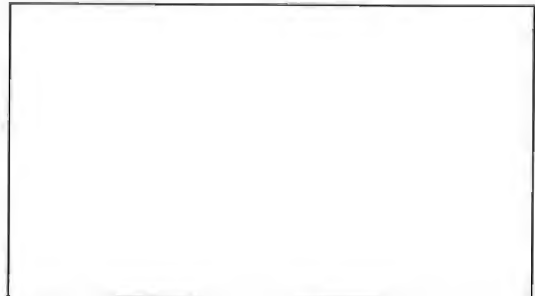
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____



STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

- ☒ Posting no parking signs ☐ Light pole
☐ Electrical Services ☐ Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Victoria A. Kinski

December 12, 2018

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

18

**OFFICE OF CONTRACTING
AND PROCUREMENT**

19

June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3034825 100% City Funding – To Provide a Tire Service Truck Body, including Installation. – Contractor: Versalift Midwest, LLC – Location: 51761 Danview Technology Ct., Shelby Township, MI 48315 – Contract Period: Upon City Council Approval through December 31, 2019 – Total Contract Amount: \$58,815.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM _____ SHEFFIELD _____

RESOLVED, that Contract No. 3034825 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

20

June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002079 100% City Funding – To Provide Hydraulic Boom Bucket Units and Equipment Repair Services, Labor and/or Parts. – Contractor: Versalift Midwest, LLC – Location: 51761 Danview Technology Ct., Shelby Township, MI 48315 – Contract Period: Upon City Council Approval through June 30, 2022 – Total Contract Amount: \$375,000.00.
GENERAL SERVICES

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD

RESOLVED, that Contract No. 6002079 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

21

June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002155 100% City Funding – To Provide all Labor, Reports, Equipment Materials, and Expertise Necessary to Complete Assessment, Installation and Compliance for Playground Surfaces Within City Parks. – Contractor: Michigan Recreational Construction, Inc. – Location: 18631 Conant, Detroit, MI 48234 – Contract Period: Upon City Council Approval through June 3, 2021 – Total Contract Amount: \$400,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM **SHEFFIELD**

RESOLVED, that Contract No. 6002155 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.



**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002164 100% Grant Funding – To Provide Park Improvements at Chandler Park. – Contractor: Premier Group Associates – Location: 535 Griswold, Ste. 1420, Detroit, MI 48226 – Contract Period: Upon City Council Approval through June 3, 2020 – Total Contract Amount: \$390,130.45. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD

RESOLVED, that Contract No. 6002164 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

23

June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002172 100% Grant Funding – To Provide Rouge Park Improvements. (Asphalt Walkways, Walkways to Connect the Nature Trail, Viewing Area, New Play Area, Gravel Parking Lot, Softball Diamond, and Soccer Goal) – Contractor: Premier Group Associates. – Location: 535 Griswold, Ste. 1420, Detroit, MI 48226 – Contract Period: Upon City Council Approval through June 10, 2020 – Total Contract Amount: \$599,850.00.
GENERAL SERVICES

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM **SHEFFIELD**

RESOLVED, that Contract No. 6002172 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.

24

OFFICE OF CONTRACTING
AND PROCUREMENT

June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002174 100% Grant Funding – To Provide Park Improvements at O’Hair Park.
(Access Parkways, Benches, Trash Bins, Recycle Bins, Bike Rack,
Bollards, and Trees) – Contractor: Michigan Recreational Construction,
Inc. – Location: 18631 Conant, Detroit, MI 48234 – Contract Period:
Upon City Council Approval through June 10, 2021 – Total Contract
Amount: \$116,428.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD

RESOLVED, that Contract No. 6002174 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

25

June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002006 Revenue – Contract to Host the MOVEMENT Detroit's Electronic Music Festival at Hart Plaza. (Year 1 Revenue \$51,000.00, Year 2 Revenue \$51,000.00) – Contractor: Paxahau – Location: 1550 Rosa Parks Blvd., Ste. A, Detroit, MI 48216 – Contract Period: Upon City Council Approval through June 1, 2020 – Total Contract Amount: \$105,000.00.
RECREATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM **SHEFFIELD**

RESOLVED, that Contract No. 6002006 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS



COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

May 7, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to accept a donation of twelve tree installations from the North Central Block Club Association at Twork Park

The North Central Block Club Association has awarded a donation of twelve trees at Twork Park, to the City of Detroit General Services Department, valued at \$3,600.00. There is no match requirement for this donation.

The objective of the donation to the department is to assist in purchasing and installing Bur Oak and Pin Oak trees in various locations throughout Twork Park, located at 17432 Charest St., Detroit, MI.

I respectfully ask your approval to accept this donation in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:
Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department

This request has been approved by the Office of Budget

CITY CLERK 2019 JUN 4 8:41:02

RESOLUTION

Council Member _____

WHEREAS, the General Services Department has been awarded a donation from the North Central Block Club Association, valued at \$3,600.00; now

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE, BE IT RESOLVED, that the General Services Department is hereby authorized to accept a donation of twelve trees at Twork Park, located at 17432 Charest St., Detroit, MI.

April 29, 2019

Jan Anderson, Director
Detroit Parks and Recreation Division
General Services Department
18100 Meyer Rd
Detroit, MI

Dear Ms. Anderson,

On behalf of the North Central Block Club Association, I am writing to offer our full assistance in purchasing and installing (12) tree installations of Bur Oak and Pin Oak trees, balled and burlapped in 1.5" caliper at 17432 Charest St in Twork Park. The costs, approximately \$3600.00 are being borne by the group mentioned above. These improvements will take place on May 25, 2019. We have worked with community representatives to ensure these improvements are desired. We will ensure the plants are watered and nurtured to maintain this site throughout the summer.

Thank you for your time and consideration.

Sincerely,

Alita Moore
NCBCA
Project Manager



APPLICANT SECTION

Requesting Organization Name: NCBCA
Contact Name: Alita Moore / Dr. Cheryl Moore
Phone: (313) 924-2942 / (313) 334-0033
Email: moorealita@gmail.com
Address: 18600 Joseph Campau St.

Today's Date: 4/29/2019
DPRD Property Name: Trunk Park
Property Address: 17432 Charest St.
Location within the Property: _____

Improvement Type:

- ☒ Park
☐ Facility (ie Rec Center)

☒ Physical Improvement

- ☐ Not-Art ———> fill out Donation Letter
☐ Art ———> fill out Art Donation Letter
☐ Maintenance ———> fill out SLA Letter

Improvement Project Description:

(Please specify if any listed funding are for an event / program, or not for a permanent, physical improvement.)

This park improvement request is for planting (12) young ball-top sap trees 1.5" caliper around Trunk Park as part of a Beautification initiative. The Greening of Detroit has partnered with our organization for the tree installations. The beautification efforts will enable our organization to install (12) trees around the park. Each tree is valued at \$300 each.

Estimated Value of Improvement: \$3600

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the General Services Department Parks and Recreation Division. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Parks and Recreation Division consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DPRD Property named above and construction of this Project as described herein.

Signature: Alita Moore Date: 4-29-2019

Print Name: Alita Moore

Organization on behalf of: North Central Black Club Association

GSD STAFF SECTION

Asset Information:

DPRD Property Number: 242 Turner Park

Asset Life Cycle: 125 years

Asset Value: \$3600 + future cost

Decommission Cost: \$12,000

Maintenance Information:

GSD Maintenance Requirements: _____

GSD Operations Requirements: _____

North Central Black Club Association
Will maintain tree throughout
summer

GSD Project Coordinator: David Gend

Date: April 29, 2019

Authorization:

☐ Project Denied

☐ Project Approved as Submitted

☐ Project Approved with Changes: _____

*Approved by GSD Director: Janet H. Anderson Date: 5.2.19

*Requesting Group shall not have approval to make the requested park improvement without the approval of the General Services Department Director



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS



COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

May 7, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to accept a donation of thirty-five tree installations from ReLeaf Michigan at Muliatt Park

ReLeaf Michigan has awarded a donation of thirty-five tree plantings at Muliatt Park, to the City of Detroit General Services Department, valued at \$30,925.00. There is no match requirement for this donation.

The objective of the donation to the department is to assist in purchasing, installing, and watering thirty-five trees in various locations throughout Muliatt Park, located at 2001 Vermont St., Detroit, MI.

I respectfully ask your approval to accept this donation in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department

This request has been approved by the Office of Budget

CITY CLERK 2019 JUN 4 AM 11:02

Office of Development and Grants

RESOLUTION

Council Member _____

WHEREAS, the General Services Department has been awarded a donation from ReLeaf Michigan, valued at \$30,925.00; now

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE, BE IT RESOLVED, that the General Services Department is hereby authorized to accept a donation of thirty-five trees at Mullett Park, located at 2001 Vermont St., Detroit, MI.



Planting Trees, Growing Communities

Jan Anderson, Director
Detroit Parks and Recreation Division
General Services Department
18100 Meyer Rd
Detroit, MI

Dear Ms. Anderson,

On behalf of ReLeaf Michigan, I am writing to offer our assistance in purchasing, installing, and watering 35 trees in various locations throughout Mullett Park. The cost of the project, approximately \$30,925 is being borne by ReLeaf Michigan through a grant provided by Sustainable Brands and the Arbor Day Foundation. Trees will be delivered and holes for planting will be dug by a contractor prior to the planting. The trees will be planted on June 3, 2019 with the help of volunteers. We have worked John DeRuiter, Barry Burton and Todd Mistor of the General Services Department to ensure these improvements are desired. ReLeaf Michigan will hire a contractor to keep the trees watered for the summers of 2019 and 2020.

Thank you for your time and consideration.

Sincerely,

Lara Edwards

Lara Edwards
Programs and Development Coordinator, ReLeaf Michigan

